

New Jersey Department of Health and Senior Services REPORT OF GRANT EXPENDITURES

Reporting Agency	Grant Number	Reporting Period FROM: TO:	Report Number
Address	Grantee Account/Fund Number	Budget Period FROM: TO:	Revision Report No.
City	NJDHSS Account Number(s)	Basis of Report <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	<input type="checkbox"/> FINAL
Grant Title			

BUDGET CATEGORIES	ROUND OFF TO NEAREST DOLLAR					
	APPROVED BUDGET		PERIOD EXPENDITURES		CUMULATIVE EXPENDITURES	
	Grant Funds	Other Funds	Grant Funds	Other Funds	Grant Funds	Other Funds
A. PERSONNEL COST						
Salaries/Wages						
Fringe Benefits						
Total						
B. CONSULTANT/PROFESSIONAL SERVICES COST						
Total						
C. OTHER COST CATEGORIES						
Office Expense and Related Cost						
Program Expense and Related Cost						
Staff Training and Education Cost						
Travel, Conferences and Meetings						
Equipment and Other Capital Expenditures						
Facility Cost						
Sub-Grants						
Total						
Total Direct Cost						
Indirect Cost						
Total Cost						
Less Program Income						
NET TOTAL COST						

I certify this report is true and correct and all expenditures reported herein have been made in accordance with the terms and conditions of this grant and are properly reflected in the grantee's accounting records.		Accepted By:		Status of Funds:	
Name of Chief Financial Officer		Grants Management Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cash received to date \$
Title					Less: Cash disbursements as of _____ \$ (Date)
Signature		Date			Cash Balance as of _____ \$ (Date)